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**Estate Planning Questionnaire  
(for Non-Married Couples)**

Prepared \_\_\_\_\_, 20\_\_

A good estate plan requires that all relevant information concerning your personal, family, and financial situation be assembled. This form has been prepared to aid you in organizing that information.

**PERSONAL INFORMATION:**

Legal Name \_\_\_\_\_

Other Names Used \_\_\_\_\_

Birth Date \_\_\_\_\_

Home Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

County of Residence \_\_\_\_\_

Home Telephone \_\_\_\_\_

Mobile Telephone \_\_\_\_\_

Email Address \_\_\_\_\_

Occupation/Business \_\_\_\_\_

Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Business Telephone \_\_\_\_\_

Partner's Name \_\_\_\_\_

Other Names Used \_\_\_\_\_

Partner Birth Date \_\_\_\_\_

Partner Mobile Telephone \_\_\_\_\_

**Partner E-mail Address** \_\_\_\_\_

**Partner Occupation** \_\_\_\_\_

**Partner Employer** \_\_\_\_\_

**Partner Business Address** \_\_\_\_\_

**Partner Business Telephone** \_\_\_\_\_

**Which telephone number(s) would you prefer we use:**

**Home**                       **Mobile**                       **Business**

**Which address would you prefer we use:**

**Home**                       **Business**

**CHILDREN:**                       **None**

<u>Name</u>	<u>Date of Birth (If a Minor)</u>	<u>Address (if not home)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Is there a possibility of additional natural or adopted children?**                       **Yes**                       **No**

**Are all children of the same relationship?**                       **Yes**                       **No**

**If not, please elaborate:** \_\_\_\_\_

\_\_\_\_\_

**Have you or any of your children given up a child for adoption?**                       **Yes**                       **No**

**Have either you, or your partner, preserved or donated any genetic material that may be used in assisted reproduction?**                       **Yes**                       **No**

**If yes, please elaborate:** \_\_\_\_\_

\_\_\_\_\_

**OTHER INDIVIDUALS YOU MIGHT DESIRE TO BENEFIT:**

<u>Name</u>	<u>Relationship</u>	<u>Date of Birth</u> <u>(If a Minor)</u>	<u>Address</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Referred By \_\_\_\_\_

**NAMES OF ADVISORS:**

Accountant \_\_\_\_\_

Insurance Agent \_\_\_\_\_

Financial Advisor \_\_\_\_\_

Are you pleased with all of your advisors?  Yes  No

**OTHER CONSIDERATIONS:**

Are both of you US citizens?  Yes  No  
If no, please explain: \_\_\_\_\_

Do either of you own property in any other country?  Yes  No  
If yes, which country? \_\_\_\_\_

Have either of you completed a designated beneficiary agreement?  Yes  No  
If yes, please explain: \_\_\_\_\_

Have you ever signed a beneficiary deed?  Yes  No

Have either of you been previously married?  Yes  No  
If yes, please explain: \_\_\_\_\_

Do either of you have support or settlement obligations?  Yes  No  
If yes, please provide a copy of that obligation.

Do either of you receive governmental benefits?  Yes  No  
If yes, please explain: \_\_\_\_\_

Do any of your anticipated beneficiaries receive governmental benefits?  Yes  No  
If yes, please explain: \_\_\_\_\_

Are any children or anticipated beneficiaries disabled?  Yes  No  
If yes, please explain: \_\_\_\_\_

Will any of your anticipated beneficiaries (excluding minor children) need assistance with managing their funds?  Yes  No  
If yes, please explain: \_\_\_\_\_

Are either of you the beneficiary of any trust?  Yes  No

Do either of you have a power of appointment under any trust?  Yes  No

Do either of you anticipate receiving a substantial inheritance?  Yes  No

Have either of you ever filed gift tax returns?  Yes  No  
If yes, please provide copies of the returns.

Please provide any other information that may be relevant: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE PROVIDE COPIES OF THE FOLLOWING DOCUMENTS:**

- Prior Wills or Trusts**
- Prior Powers of Attorney Documents**
- Prior Living Wills**
- Designated Beneficiary Agreement**
- Support Obligation Documentation**
- Gift Tax Returns**



**BANK & SAVINGS ACCOUNTS:**

<u>Name of Institution</u>	<u>Account number</u>	<u>Type*</u>	<u>Owner</u>	<u>Amount</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
			<b>Total</b>	_____

\* *Checking Account (CA), Savings Account (SA), Certificate of Deposit (CD), Money Market (MM). Please do not include IRAs or 401Ks here.*

**Do you have a safe deposit box?**  **Yes**  **No**  
**If yes, where is it located?** \_\_\_\_\_

**STOCKS AND BONDS:**

<u>Stocks, Bonds, or Investments</u>	<u>Acct. Number</u>	<u>Owner</u>	<u>Amount</u>	
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	
			<b>Total</b>	_____

**LIFE INSURANCE POLICIES AND ANNUITIES:**

<u>Name of Institution</u>	<u>Owner</u>	<u>Beneficiaries</u>	<u>Value</u>	
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	
			<b>Total</b>	_____







**FIDUCIARIES:**

Please consider which persons you would like to administer your estate and/or trusts, and who would care for your minor children.

	<u>You</u>	<u>Partner</u>
	Name, Address & Phone:	Name, Address & Phone:
<b><u>Personal Representative:</u></b> (This is the person who administers your estate.)		
Initial	_____	_____
	_____	_____
	_____	_____
1 <sup>st</sup> Successor	_____	_____
	_____	_____
	_____	_____
2 <sup>nd</sup> Successor	_____	_____
(optional)	_____	_____
	_____	_____

If Applicable:

<b><u>Trustee:</u></b> (This is the person who administers your trust funds.)		
Initial	_____	_____
	_____	_____
	_____	_____
1 <sup>st</sup> Successor	_____	_____
	_____	_____
	_____	_____
2 <sup>nd</sup> Successor	_____	_____
(optional)	_____	_____
	_____	_____

**Guardian:** (This is the person who will be caring for your minor children.)

**Initial**

_____	_____
_____	_____
_____	_____
_____	_____

**1<sup>st</sup> Successor**

_____	_____
_____	_____
_____	_____

**2<sup>nd</sup> Successor**

**(optional)**

_____	_____
_____	_____
_____	_____

**Will your choice of guardian be affected by the marriage, divorce, remarriage, or relocation of the persons named?**

**Yes**

**No**

**If yes, please explain:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DISPOSITION OF ESTATE:**

**What are your general desires as to the disposition of your estates?**

**Partner, then children equally.**  **Outright or**  **In Trust.** **If in trust, please specify your desires:** \_\_\_\_\_

_____
_____
_____
_____

Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Specific Gifts**

<b><u>Amount or Description of Gift</u></b>	<b><u>Name of Individual or Charity</u></b>	<b><u>Relationship and Address</u></b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Personal Property**

Do you want to provide that your personal property will be distributed according to a written list you may prepare later?  Yes  No

Any property not listed should be distributed to whom?

- Partner, then children
- Children
- Other: \_\_\_\_\_

**Pets**

Do you own pets?  Yes  No

If yes, Do you wish to provide for your pets?  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

**OTHER COMMENTS:**

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**GENERAL POWER OF ATTORNEY:**

Have you ever given a power of attorney to another?  Yes  No  
If yes, please explain: \_\_\_\_\_

Do you want to appoint another to manage your finances should you become unable to manage them on your own?  Yes  No

**General Power of Attorney Agent:** (Please list name and address.)

	<u>You</u>	<u>Partner</u>
Initial	_____	_____
	_____	_____
	_____	_____
	_____	_____
1 <sup>st</sup> Successor (optional)	_____	_____
	_____	_____
	_____	_____
2 <sup>nd</sup> Successor (optional)	_____	_____
	_____	_____
	_____	_____

Do you want that power to be immediately effective or become effective upon a doctor's letter? \_\_\_\_\_

**Please check if you would like your agent to have the following powers:**

- Create, amend, revoke, or terminate an inter vivos trust
- Make a gift, subject to the limitations of the “Uniform Power of Attorney Act” set forth in section 15-14-740, Colorado Revised Statutes, and any special instructions in this power of attorney
- Create or change rights of survivorship
- Create or change a beneficiary designation
- Authorize another person to exercise the authority granted under this power of attorney
- Waive the principal's right to be a beneficiary of a joint and survivor annuity, including a survivor benefit under a retirement plan
- Exercise fiduciary powers that the principal has authority to delegate, including powers to participate in the designation or changing of a fiduciary and powers to participate in the direction of a fiduciary in the exercise of the fiduciary's powers
- Disclaim, refuse, or release an interest in property or a power of appointment
- Exercise a power of appointment other than: (1) The exercise of a general power of appointment for the benefit of the principal which may, if the subject of estates, trusts, and other beneficial interests is authorized above, be exercised as provided under the subject of estates, trusts, and other beneficial interests; or (2) the exercise of a general power of appointment for the benefit of persons other than the principal which may, if the making of a gift is specifically authorized above, be exercised under the specific authorization to make gifts
- Exercise powers, rights, or authority as a partner, member, or manager of a partnership, limited liability company, or other entity that the principal may exercise on behalf of the entity and has authority to delegate excluding the exercise of such powers, rights, and authority with respect to an entity owned solely by the principal which may, if operation of entity or business is authorized above, be exercised as provided under the subject of operation of the entity or business

**MEDICAL DIRECTIVES:**

Have you ever signed any medical directives?  Yes  No

If yes, please explain: \_\_\_\_\_

Do you want to appoint another to make your medical decisions should you become unable to make them on your own?  Yes  No

If yes,

**Medical Power of Attorney Agent:** (Please list name and address.)

	<u>You</u>	<u>Partner</u>
<b>Initial</b>	_____	_____
	_____	_____
	_____	_____
	_____	_____
<b>1<sup>st</sup> Successor</b>	_____	_____
	_____	_____
	_____	_____
	_____	_____
<b>2<sup>nd</sup> Successor</b>	_____	_____
<b>(optional)</b>	_____	_____
	_____	_____
	_____	_____

Do you want a living will that directs the hospital as to your end of life decisions?  Yes  No

If yes,

Do you want the living will or the decisions of your agent to control if a conflict between the two were to arise? \_\_\_\_\_

**DISPOSTION OF YOUR REMAINS (YOU):**

Do you have pre-arranged burial or funeral plans?  Yes  No

Do you desire special instructions regarding burial or cremation?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you desire special instructions regarding a funeral or memorial?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you desire to make anatomical gifts?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

**If you would like a Disposition of Last Remains please provide the following information:**

**Place of Birth** \_\_\_\_\_

**Father's Full Name** \_\_\_\_\_

**Mother's Full Maiden Name** \_\_\_\_\_

Are you a Veteran?  Yes  No

**If Yes: Date Enlisted** \_\_\_\_\_

**Discharged** \_\_\_\_\_

**Service #** \_\_\_\_\_

**Name of War (if applicable)** \_\_\_\_\_

**DISPOSTION OF YOUR REMAINS (SPOUSE):**

Do you have pre-arranged burial or funeral plans?  Yes  No

Do you desire special instructions regarding burial or cremation?  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you desire special instructions regarding a funeral or memorial?  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you desire to make anatomical gifts?  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

**If you would like a Disposition of Last Remains please provide the following information:**

**Place of Birth** \_\_\_\_\_

**Father's Full Name** \_\_\_\_\_

**Mother's Full Maiden Name** \_\_\_\_\_

Are you a Veteran?  Yes  No

**If Yes: Date Enlisted** \_\_\_\_\_

**Discharged** \_\_\_\_\_

**Service #** \_\_\_\_\_

**Name of War (if applicable)** \_\_\_\_\_

**Please sign and date the questionnaire below:**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_